

L1300002916

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC
Account Number : I20210000201
Phone : (561)409-3106
Fax Number : (561)952-0315

2023 JUN 8 PM 9:30

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: PRIMEINCOMETAX1@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SANTA GERACAO, LLC**

Certificate of Status	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Help S. ROBERTS

JUN - 8 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTA GERACAO, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAELA NUNES VIEIRA

Name of Person

PRIME INCOME TAX AND ACCOUNTING LLC

Firm/Company

23269 STATE ROAD 7 SUITE 119

Address

BOCA RATON, FL, 33428

City/State and Zip Code

primeincometax1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAELA NUNES VIEIRA

at (561) 409-3106

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SANTA GERACAO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/26/2013 and assigned
Florida document number L13000029916.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

23269 STATE ROAD 7 SUITE 119

BOCA RATON, FL, 33428

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

23269 STATE ROAD 7 SUITE 119

BOCA RATON, FL, 33428

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please, just remove partner ASAFE BERNADO SANTOS COSTA and update the address like requested above.

Thank you!

E. Effective date, if other than the date of filing: 06/06/2023 **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 6TH, 2023



Signature of a member or authorized representative of a member

ANTONIO C COSTA

Typed or printed name of signer

Filing Fee: \$25.00

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